

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70383	
O.I.P.E. CLASSIFIER		57	10/31/00
FORMALITY REVIEW	AB	65373	
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

☒ Rejected  
☐ Allowed  
☐ (Through numeral) Canceled  
☐ Restricted  
☐ Non-elected  
☐ Interference  
☐ Appeal  
☐ Objected

Claim	Date
Final Original	
1	11/30/00
2	12/29/00
3	12/29/00
4	12/29/00
5	12/29/00
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7	12/29/00
8	12/29/00
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50	12/29/00

Claim	Date
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If more than 150 claims or 10 actions  
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APPLICANTS

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